

2

2014 024853

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 MAY -5 AM 10:49

MICHAEL B. BROWN
RECORDER



Fidelity National Title
Insurance Company.

SURVIVORSHIP AFFIDAVIT

STATE OF IN)
COUNTY OF LAKE)

SS:

→ Judith Janicki, being first duly sworn upon oath, deposes and says:

1. That John Janicki died on 3/20, 2013 at Crown Point, IN
(City/State)

2. That John Janicki and Judith Janicki were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

→ 4131 104th Ave
Crown Point, IN 46307

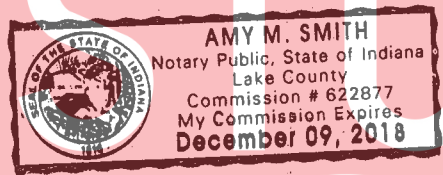
Hidden Creek Estates Lot 38
45-16-01-253-003.000-047

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.



Judith Janicki
Affiant Signature

STATE OF IN)
COUNTY OF LAKE)

SS:

ACKNOWLEDGEMENT

Before me, a Notary Public in and for said County and State, personally appeared Judith Janicki who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 1st day of May, 2014.

Resident of LAKE County, Indiana.

Signature Amy M. Smith

My Commission Expires: 12/09/2018

Printed Amy M. Smith

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

[Name]

This instrument prepared by Judith Janicki

AMOUNT \$ 13
CASH CHARGE _____
CHECK# _____
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY [Signature]

01658

DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

MAY 05 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 001031

EDR No 000000314293

State No 013998

1. Decedent's Legal Name (First, Middle, Last) JOHN J JANICKI JR
1a. Maiden Name (If female)
2. Sex MALE
3. Time Of Death 08:50 PM
4. Date Of Death (Month/Day/Year) 03/20/2013
5. Social Security Number
6a. Age - Yrs 75
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 08/08/1937
8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN
9. Ever in U.S. Armed Forces?
10. If Death Occurred In A Hospital:
10a. If Death Occurred Somewhere Other Than A Hospital
11. Facility Name (If Not Institution, Give Street and Number) ST ANTHONY HOSPICE-CROWN POINT
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307
13. County Of Death LAKE
14. Marital Status At Time Of Death
15. Surviving Spouse's Name JUDITH A JANICKI
15a. (If Wife) Give Maiden Last Name DAUKSZA
16. Decedent's Usual Occupation SERVICEMAN
17. Kind Of Business/Industry NIPSCO
18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town CROWN POINT
18c. Street And Number 4131 EAST 104TH AVENUE
18d. Apt. No.
18e. Zip Code 46307
18f. Inside City Limits?
19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE
20. Decedent Of Hispanic Origin NOT HISPANIC
21. Decedent's Race White
22. Father's Name (First, Middle, Last) JOHN J JANICKI
23. Mother's Name (First, Middle, Last) MARIE JANICKI
23a. Mother's Maiden Last Name WIELGOS
24. Informant's Name JUDITH A JANICKI
24a. Relationship To Decedent WIFE
24b. Mailing Address (Street And Number, City, State, Zip Code) 4131 EAST 104TH AVENUE, CROWN POINT, IN 46307
25. Place Of Disposition
25a. Method Of Disposition
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) SOLAN PRUZIN CREMATORY
25c. Location - City, Town, And State SCHERERVILLE, IN
26. Was Coroner Contacted?
27. Name And Complete Address Of Funeral Facility SOLAN-PRUZIN FUNERAL SERVICE INC. DBA SOLAN-PRUZIN, 14 KENNEDY AVENUE, SCHERERVILLE, IN 46375
27a. Funeral Home License Number. FH10200037
27b. Signature Of Indiana Funeral Service Licensee: PAUL P. GONZALEZ, BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee): ED21100035
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.
Immediate Cause (Final Disease Or Condition Resulting In Death) A. GASTRIC CANCER
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last
29. Was An Autopsy Performed?
30. Were Autopsy Findings Available To Complete The Cause Of Death?
31. Did Tobacco Use Contribute To Death?
32. If Female:
33. Manner Of Death:
34. Date Of Injury (Month/Day/Year)
35. Time Of Injury
36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)
37. Injury At Work?
38. Location Of Injury - State
38a. City Or Town
38b. Street & Number
38c. Apt. No.
38d. Zip Code
39. Describe How Injury Occurred
40. If Transportation Injury, Specify:
41. Signature, Of Person Certifying Cause Of Death: KATHRYN HENKLE MULLIGAN, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One)
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: KATHRYN HENKLE MULLIGAN, 919 MAIN STREET, SUITE 102, DYER, IN 46311
44. License Number 01052342A
45. Date Certified 03/21/2013
46. Additional Funeral Service Provider:
47. *Akas:
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed (Month/Day/Year): MAR 22 2013